STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH & ADDICTION SERVICES

REQUEST FOR PROPOSALS

Integration of Peer Positions within Integrated Case Management Services

July 25, 2012

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health & Addiction Services

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STATE OF NEW JERSEY
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

Request for Proposals to Provide for the Integration of Peer Positions within Integrated Case Management
July 25, 2012

I. INTRODUCTION

In order to facilitate the integration of peer positions within the continuum of mental health services in New Jersey, the Division of Mental Health and Addiction Services plans to add a peer specialist into two DMHAS funded Integrated Case Management Service Teams (ICMS). This initiative will be implemented through a best practice approach to the delivery of consumer-operated services. This initiative complements the Division's Wellness and Recovery Transformation Plan, which serves to guide the Division's efforts to improve access to recovery-oriented community based supports and services.

II. BACKGROUND

The New Jersey Division of Mental Health & Addiction Services (DMHAS) currently invests approximately $9 million in consumer-operated services per year. New Jersey consumer operated services have a proven track record of providing individuals with a broad range of peer support services which offer hope, unconditional acceptance and personal regard, dignity and compassion; and a more personally meaningful life. They also provide non-stigmatizing environments where individuals who share a common or similar life experience can feel a personal connection with a peer. Peer-operated services provide unique opportunities for consumers to explore their personal strengths and begin to learn about new behaviors with the goal of living a life that is stable, satisfying and more focused on living well. Ultimately, the consumers who participate in these services will gain confidence through experiencing newly created healthy relationships and developing important self-advocacy skills and strategies.

In New Jersey, consumer-operated services are critical components of a wellness and recovery-oriented system of care. These non-traditional service models provide consumers with nurturing environments where individuals can use their life experiences as mental health consumers to design and operate their own services that empower and enrich their own lives and the lives of others. The major focus of the peer-operated services is to assist individuals to take personal responsibility for their own lives, develop effective interpersonal skills through the pursuit of positive and healthy relationships, learn practical coping strategies for symptom management, acquire new life management skills to facilitate a rich and meaningful life in the community and improve one's overall well-being through participation in wellness and recovery-oriented groups and activities.

The fundamental goal to be achieved by implementing peer-operated services is to provide emotional, social and material supports to consumers, and to provide both hope and real

community integration opportunities to facilitate a meaningful and wholesome life in the community. Peer support services have been proven to improve quality of life; increase use of natural supports; increase personal responsibility and empowerment; decrease need for costly therapies and health services; shift in focus from symptom control to prevention and recovery; and increase ability to meet life and vocational goals.(1)

Peer support, which is at the heart of peer-delivered services, has been described in the literature by MacNeal & Mead as:

> *"….not like clinical support, nor is it just about being friends. Unlike clinical help, peer support helps people to understand each other because they've 'been there,' shared similar experiences and can model for each other a willingness to learn and grow. In peer support people come together with the intention of changing unhelpful patterns, getting out of 'stuck' places, and building relationships that are respectful, responsible, and potentially mutually transforming (2003).*(2)

According to a National Advisory Report issued by the Center for Mental Health Services on Consumer/Survivor Issues, mental health self-care is based on a unique set of principles and values. They include: empowerment; the ability to make decisions that affect one's independence; focus on self-reliance; community integration; citizenship; responsibility; personal accountability; choice; self-determination; respect and dignity; recognition that all individuals have value, skills and strengths to offer society; and belief and promotion that people can recover from psychiatric disorders.(3) These core principles and values reflect the dreams and aspirations of those struggling everyday with the goal of either regaining or maintaining control of their lives.

Since the fall of 2006, New Jersey has been immersed in a comprehensive transformation process to align the public mental health system with principles and practices of wellness and recovery, beginning with Governor Codey's Mental Health Task Force's Final Report issued in 2005.

The NJDMHAS has identified strengthening and expansion of peer delivered services to be an essential component of its transformation in a recovery-based mental health system that promotes wellness and true community integration. Our consumer-operated services, which are already deeply embedded within our mental health system, have also been identified as having the greatest potential for quality impact towards achieving a recovery-oriented system. It is the Division's policy to make peer support an integral part of service delivery throughout New Jersey's mental health system. Peer support has also received national attention as a critical intervention through both the Surgeon Generals Report on Mental Health (1999) and the President's Freedom Commission (2003).

According to the Consumer-Operated Services Toolkit (2011) released by the Substance Abuse & Mental Health Services, the services provided by peers are identified to include:

- Advocacy;
- Assistance with basic needs or benefits;

- ❖ Help with housing, employment or education;
- ❖ Social and recreational opportunities; and
- ❖ Arts and expression.(4)

The Toolkit also asserts that consumer-operated services help people with the following:

- ❖ Learn about recovery;
- ❖ Take on new roles or responsibilities;
- ❖ Discover new things about themselves;
- ❖ Think differently about themselves, their lives, and their future;
- ❖ Make new friends;
- ❖ Develop personal support networks;
- ❖ Learn better ways to handle problems;
- ❖ Obtain general help; and
- ❖ Increase a sense of well-being.(5)

The evidence that consumer-operated services help is identified as:

- ❖ Greater levels of independence, empowerment and self-esteem;
- ❖ Improved sense that participants can make their own decisions, solve problems and help others;
- ❖ Improved quality of life;
- ❖ Increased social support, employment skills, and education;
- ❖ Higher use of problem-centered coping skills;
- ❖ Use of more coping strategies;
- ❖ Achievement of more education;
- ❖ Higher scores in social functioning; and
- ❖ Higher ratings for helpfulness and self-efficacy.(6)

III. PURPOSE OF REQUEST

This Request for Proposals is designed to integrate peer specialists into DMHAS funded Integrated Case Management Service Teams (ICMS). This initiative will be implemented through a best practice approach to the delivery of consumer-operated services. There are a statewide total of 2 positions available for this initiative with no more than one position added per county. Following are the goals of this integrated model:

- Fully integrate peers into services as consumers transition to the community.
- Provide an array of peer-based services from hospital to community activities on a consistent basis that will provide consumers enrolled in ICMS with a unique opportunity to access skills, relationships and resources that will optimize their ability to reach a genuine recovery as they move in to their homes in the community.
- Offer access to resources, programs and people that will educate, motivate and inspire consumers to take personal responsibility for adopting a lifestyle based on “wellness”, which is defined “as an active process of becoming aware of and making choices toward a more successful existence” (National Wellness Institute). Wellness,

as defined by Swarbrick in the February 2006, *New Jersey Division of Mental Health & Addiction Services Wellness and Recovery Transformation Statement*, is "the process in which a person in recovery is empowered to make purposeful choices that lead to a more satisfying and healthy lifestyle. It includes physical, emotional, intellectual, social, environmental, occupational-leisure and spiritual dimensions, and incorporates disease prevention and health promotion approaches. A wellness lifestyle leads to positive outcomes that can be measured in terms of improved health status, greater productivity, enhanced social relationships, and participation in purposeful activity – all of which provide meaningful opportunities for healing, personal growth, and an improved quality of life."[1]

- Assist and support consumers who wish to maintain a tobacco-free lifestyle as they regain decision-making power over their own lives and transition in to community-based settings.
- Form alliances with key agency staff who will serve as "champions" to facilitate agency implementation as well as to promote the principles and values of peer-support and consumer empowerment throughout the agency.
- Establish a positive and trusting relationship between the peer provider and the recipient of ICMS services.
- Provide services in a manner that is safe, comfortable, positive and hopeful. Take advantage of individual consumers' artistic and linguistic talents and skills to support their recovery.
- Foster a relationship that promotes dignity, personal respect and social inclusion.
- Optimize the involvement of positive role-models—to be inclusive of persons from diverse cultural and ethnic backgrounds-- who can provide hope and positive motivation to consumers through their lived example of successfully transitioning. Opportunities for sharing recovery stories will be encouraged as well as the provision of groups that specifically focus on empowerment and true community integration.
- Serve as the liaison between the ICMS Team and the local self-help center.
- Mutual aid peer support is at the heart of the agency's mission and purpose. Not only does it have value in that it provides a unique context for dealing with difficult behavior problems and addictions, it also teaches consumers that they can self-manage and ultimately overcome their problems with help and support from others.
- One of the purposes of this peer support initiative is for hospitals and communities served by ICMS to benefit from its presence. The peer-delivered model referenced in this document should support culture change within the hospitals and the community. Involving staff at all levels of ICMS activities is one strategy to accomplish this as is having the benefit of the ICMS Team (organizational culture, etc) raise its own visibility level through promoting its model of service delivery, values and principles throughout the system. Also, the presence of role models on the hospital campuses and in the community brings hope, encouragement and a renewed sense of purpose to staff when they see a consumer who has successfully transitioned from hospital life to a valued role in society.
- Collaborate with the respective treatment teams for all consumers on the peer provider's caseload receiving treatment at a state psychiatric hospital regarding treatment and discharge planning, including addressing issues with and advocating

on behalf of the consumer regarding their housing and community treatment preferences.

- Serve as the liaison between the ICMS Team and the self-help center on the grounds of the state psychiatric hospital. Collaborate with the on-grounds self-help center staff to foster networking and other meaningful activities with the self-help center in the community where consumers on the peer provider's caseload will reside upon discharge.
- Participate in a data tracking system as prescribed by DMHAS.

Successful applicants must indicate how their proposed projects will:

A.Fully integrate peers on the team so that there will be a viable, fully-integrated consumer presence on the ICMS team.
B.Promote consumer empowerment by demonstrating experience and capacity for consumers to design and manage their own services with the ICMS staff.
C.Provide opportunities for peer-based services and natural supports in a safe, comfortable, culturally competent and accepting environment that is conducive to wellness and recovery.
D.Enhance service recipient's sense of competency, independence, self-worth and empowerment by measurable and specific means.
E.Improve the overall quality of life of persons receiving services from ICMS by providing hope, healing relationships and purposeful activities.
F.Increase persons' connection to the community-based self-help centers as an established support system.

The Division will consider the performance of the agency in meeting contract commitments over the last two years preceding proposal review for all agencies currently or previously under contract with DMHAS. The DMHAS requests that if the respondent to this RFP has not performed consistently at or above 75% DMHAS contracted capacity over the last two years to describe the reason why they have fallen below contract capacity.

IV. FUNDING AVAILABILITY

Total annualized funds up to $100,000 will be available to support this request. Specifically, up to $50,000 will be allocated for each of the Integrated Case Management Teams receiving an award through this RFP. No more than one position will be awarded per county. Consideration will be given to cost effective proposals.

Funding awarded for the position and any fringe benefits will be clustered as a line-item cluster. Contract commitments will be negotiated based upon representations made in response to this RFP. Failure to deliver contract commitments may result in a reduction of compensation or contract termination.

V. CRITERIA FOR PROPOSALS

A.Clearly address the purposes identified in Section III.

B.Clearly demonstrate how the position will function.
C.Clearly demonstrate project feasibility within time and budget parameters.
D.Demonstrate support and cooperation from local community-based self-help centers who will participate in the project.
E.Demonstrate ability to collaborate with local service providers to ensure access to a full array of culturally competent, wellness and recovery oriented services.
F.Demonstrate the anticipated impact of the program on service delivery within the ICMS program's catchment area.

VI. PROVIDER QUALIFICATIONS

In order to be eligible for consideration for funding under this RFP,
the applicant must be a fiscally viable for-profit or non-profit corporation or a government entity, currently under contract with the DMHAS to provide Integrated Case Management Services, and must document experience in successfully providing mental health support, rehabilitation, and treatment or housing services for adults with serious and persistent mental illness.

VII. PROPOSAL REQUIREMENTS

The proposal shall address the responding agency's plans for how they will design, implement, and evaluate the proposed initiative for peer-based service on an ICMS Team. All Proposals must include responses that clearly correspond to each category as delineated by the lettered bullets in this section. Applicants will provide the following within fifteen (15) pages (not inclusive of appendices and required attachments):

A. Narrative description of program elements to include:

- Overview;
- Purpose of Project;
- Goals;
- Implementation/Timetable and Calendar of Events;
- Five (5) Measurable Outcome Indicators that will be tracked over the course of the project; and
- Detailed description of evaluation process.

B. If any sub-contracts will be used in delivering the services, explain and provide details.

C. Staffing

- Job description for each position, including minimum qualifications and salary range.
- Detail the proposed schedule for staff recruitment, recruitment strategies that will be used and strategies to promote employment tenure.
- Supervision procedures for monitoring staff performance.

- Training plan specific to this program, for any current and new staff involved in this service. The plan must include training for the peer who will be hired that minimally provides an overview of mental illnesses, addictions disorders and addresses the principles of wellness and recovery.
- Address staff cultural competence.
- Table of organization showing how the proposed program is integrated in the agency's structure.

D. Agency Accountability

Provide a statement of the applicant's mission and goals. Indicate experience of the applicant's past success at being responsive to the needs and preferences of consumers. Also include a letter of commitment to implementing this project from the organization's Board of Directors or other appropriate governing body.

E. Identify the units of service that you are committing to provide, defined in 15 contiguous minutes of face-to-face contact with the consumer, during the phase-in period and annually thereafter.

F. Funding Proposal Cover Sheet (Attachment A)

VIII. **BUDGET REQUIREMENTS**

. Budget

A. Provide an outline of the program budget using Annex B categories. Identify phase-in and one-time budgets (if applicable) separately from annualized operational costs.

B. Utilization of the DHS legal-sized budget forms and schedules, as well as the DMHAS Budget Matrix software, are discouraged for this submission. Instead, applicants may utilize software that is familiar and available, in order to present the budget information in a format that is required throughout the DHS/DMHAS contracting system. The annualized and phase in budgets must display line-item detail, organized according to these major categories:

- Personnel Services (including fringe benefits);
- Consultant and Professional Services;
- Materials and Supplies;
- Facility Costs;
- Special Assistance
- Other Costs;
- General and Administrative (G&A) Expenses;
- Net Operating Cost;

- Revenue Offsets (fees, grants, contributions, subsidies);
- Net Deficit (requested DMHAS award amount).

C. Budget Notes are often useful to help explain costs and assumptions made regarding certain non-salary expenses and the calculations behind various revenue estimates (if any). Please note that reviewers will need to fully understand the budget projections from the information presented, and failure to provide to provide adequate information could result in lower ranking of the proposal. Please provide Budget Notes if you believe such notes would assist the reviewers.

D. Staff Fringe Benefit expenses may be presented as a percentage factor of total salary costs, and should be consistent with your organization's current Fringe Benefits percentage.

All budget data, if approved and included in signed contracts, will be subject to the provisions of the DHS Contract Policy & Information Manual, and the DHS Contract Reimbursement Manual. These Manuals can be accessed from the Office of Contract Policy and Management (OCPM) webpage at:

http://dhs.state.nj.us/humanservices/ocpm/contract_manuals.htm.

Within your written application express assurance that if your organization receives an award pursuant to this RFP the ***organization will provide a maintenance of effort statement certifying that the proposed service, if awarded, will increase the level of service currently provided by the organization and that the award will not fund or replace existing services.***

Contracts awarded as a result of this RFP will be renewed annually for up to two consecutive years at which time the DMHAS will review agency outcome performance and make contract continuance determinations.

IX. MANDATORY BIDDERS' CONFERENCE

All applicants intending to submit a proposal in response to this request **must** attend a **MANDATORY** Bidders' Conference. Kindly contact Diane Sharley at (609) 777-0717 or e-mail her at Diane.Sharley@dhs.state.nj.us to register for the bidder's conference. Proposals submitted by an applicant not in attendance at the bidder's conference will not be considered.

DATE: August 1, 2012
TIME: 1:00 PM
LOCATION: 50 E. State Street, Capital Center, 3rd Floor Room 336
Trenton, NJ 08625

X. SUBMISSION OF PROPOSALS

All proposals are due to the offices below no later than 4:00 PM, August 31, 2012. Submit your proposal in a single file PDF format via email to Margaret.Molnar@dhs.state.nj.us. Multiple PDF attachments and emails will not be accepted. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. One original hard copy with signature page and six hard copies of the proposal narrative and budget must be submitted to the attention of Ms. Molnar no later than 4:00 pm, August 31, 2012, at the following address:

Division of Mental Health and Addiction Services
222 S. Warren Street
PO Box 727
Trenton, NJ 08625

Four hard copies and an electronic version of the proposal shall also be submitted to the County Mental Health Administrator(s) for the county(ies) in which you are proposing to provide services. A listing of the Mental Health Administrators' contact information, including email address is available at the following website:

http://www.state.nj.us/humanservices/dmhs/services/admin/

XI. REVIEW OF PROPOSAL AND NOTIFICATION OF PRELIMINARY AWARD

There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

DMHAS will convene an RFP review committee to review and score proposals submitted in response to the current RFP. This review committee will consist of State of NJ employees, including staff from the DMHAS Regional Offices, DMHAS Central Office, DMHAS state hospital staff, and the DMHAS Bureau of Contracts Administration.

DMHAS recognizes the invaluable perspectives and knowledge that consumers, family members, and County Mental Health Boards possess regarding psychiatric services. Input from these groups are integral components of a system that holds Wellness and Recovery principles at its core. Consequently, the Division will convene an advisory group consisting of consumers and family members to meet with members of the RFP review committee and provide their input regarding each of the proposals submitted. County Mental Health Boards should review proposals and provide the Division with their recommendations and comments by no later than September 14, 2012. This input will be incorporated into the final deliberations of the review committee. Recommendations are to be submitted to Margaret Molnar, Division of Mental Health and Addiction Services at the email or mailing address listed in Section IX of this RFP.

The DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so.

The DMHAS will notify all applicants of preliminary award decisions by September 28, 2012.

XII. APPEAL OF AWARD DECISIONS

Appeals of any determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the DMHAS at the address below no later than October 4, 2012 at 4:00 p.m. The written request must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Lynn A. Kovich, Assistant Commissioner
Division of Mental Health & Addiction Services
222 S. Warren Street
PO Box 727
Trenton New Jersey 08625

Please note that all costs incurred in connection with any appeals of DMHAS decision are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final funding decisions by October 12, 2012. Awards will not be considered final until all timely appeals have been reviewed and final decision rendered.

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(1) SAMHSA's National Mental Health Information Network Newsletter
Self-Care and Mental Health: A Closer Look
January 29, 2010, Page 3

(2) In review with the *Journal of Community Psychology*. Discovering the Fidelity Standards of Peer Support in an Ethnographic Evaluation. Cheryl MacNeil, Ph.D. & Shery Mead, M.S.W.
December 2003, Pages 2-3

(3) SAMHSA's Consumer/Survivor-Operated Self-Help Programs. A Technical Report
1990, Pages 11-13

(4) SAMHSA's Evidenced-Based Toolkit: Knowledge Information Transformation
2001, Page 13

(5) SAMHSA's Evidenced-Based Toolkit: Knowledge Information Transformation
2001, Page 15

(6) SAMHSA's Evidenced-Based Toolkit: Knowledge Information Transformation
2001, Pages 16-17

ATTACHMENT A

COVER SHEET

_____
Date Received

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

_____
Dept/Component

Peer Providers

Proposal Summary Information

Incorporated Name of Applicant: _____
Type: _____
Public _____ Profit _____ Non-Profit _____ , or Hospital-Based _____
Federal ID Number: _____ Charities Reg. Number _____
Address of Applicant: _____
_____

Address of Service(s): _____
_____

Contact Person: _____ Phone No.: _____
Total dollar amount requested: _____ Fiscal Year End: _____
Total Match Required: _____ Match Secured: Yes _____ No _____
Funding Period: From _____ to _____
Services: _____
(For which funding is requested)
Total number of unduplicated clients to be served: _____
Brief description of services by program name and level of service to be provided*:
_____
_____
_____

Authorization: Chief Executive Officer: _____
(Please print)

Signature: _____ Date: _____

*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL
FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

(Rev. 09/11)

ATTACHMENT B

DEPARTMENT OF HUMAN SERVICES
STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.

- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.

- Will comply with all Federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1.) Title VI of the Civil Rights Act of 1964 (P.L. 88-352;34 CFR Part 100) which prohibits discrimination on the basis of race, color or national origin; 2.) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et. seq.; 3.) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4.) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5.) Federal Equal Employment Opportunities Act; and 6.) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).

- Will comply with all applicable federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.

- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.

- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization	Signature: Chief Executive Officer or Equivalent
Date	Typed Name and Title

(Rev. 09/11)

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION.
THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____	_____
Name of Authorized Representative	Title
_____	_____
Signature	Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS
(Cont.)

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS
(Cont.)

Instructions for Certification (Cont.)

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.